

Foodborne Diseases and Conditions Designated as Notifiable at the National Level – United States 2000

In the United States, requirements for reporting diseases and conditions are mandated by state and territorial laws and/or regulations. However, physicians are highly encouraged to report foodborne illness that they may encounter in the event that an outbreak situation may be present. Reporting will facilitate the tracking of the outbreak and in fact, the case identified may even be the sentinel case!

Differences exist between states and territories as to which diseases and conditions are reportable. The Council of State and Territorial Epidemiologists (CSTE) and the Centers for Disease Control and Prevention (CDC) collaborate on which diseases and conditions are designated as nationally notifiable. Details on specific state requirements are located at <http://www.cste.org/reporting%20requirements.htm>. This information is also available by contacting CSTE at:

The Council of State and Territorial Epidemiologists (CSTE)
Suite 303 – 2872 Woodcock Boulevard
Atlanta, Georgia 30341
Phone: 770-458-3811

Notifiable Bacterial Foodborne Diseases and Conditions

Boutulism
Brucellosis
Cholera
Escherichia coli O157:H7
Hemolytic uremic syndrome, post-diarrheal
Salmonellosis
Shigellosis
Typhoid fever

Notifiable Viral Foodborne Diseases and Conditions

Hepatitis A

Notifiable Parasitic Foodborne Diseases and Conditions

Cryptosporidiosis
Cyclosporiasis
Trichinosis

References

Council of State and Territorial Epidemiologists. Available at:
<http://www.cste.org/reporting%20requirements.htm>.
Morbidity and Mortality Weekly Report. 1999; 48(21):447-448. Available at:
<http://www.cdc.gov/epo/mmwr/preview/mm4821a4.htm>.

Toll-free Information Phone Numbers

USDA Meat and Poultry Hotline: 800 535-4555
FDA Safe Food Hotline: 888 SAFE-FOOD (723-3366)
CDC Voice Information System: 888 CDC-FAXX (232-3299)

Diagnosis and Management of Foodborne Illnesses

A Primer for Physicians

Foodborne Illnesses Table: Parasitic Agents

American Medical Association
Centers for Disease Control and Prevention
Center for Food Safety and Applied Nutrition,
Food and Drug Administration
Food Safety and Inspection Service,
US Department of Agriculture

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Foodborne Illnesses (Parasitic)

Etiology	Incubation Period	Signs and Symptoms	Duration of Illness	Associated Foods	Laboratory Testing	Treatment
<i>Cryptosporidium parvum</i>	7 days average (2-28 days)	Cramping, abdominal pain, watery diarrhea; fever and vomiting may be present and may be relapsing.	Days to weeks	Contaminated water supply, vegetables, fruits, unpasteurized milk.	Must be specifically requested. May need to examine water or food.	Supportive care, self-limited. If severe consider paromomycin for 7 days.
<i>Cyclospora cayetanensis</i>	1-11 days	Fatigue, protracted diarrhea, often relapsing.	May be protracted (several weeks to several months)	Imported berries, contaminated water, lettuce.	Request specific examination of the stool for <i>Cyclospora</i> . May need to examine water or food.	TMP/SMX for 7 days.
<i>Entamoeba histolytica</i>	2-3 days to 1-4 weeks	Bloody diarrhea, frequent bowel movements (looks like <i>Shigella</i>), lower abdominal pain.	Months	Fecal-oral; may contaminate water and food.	Examination of stool for cysts and parasites – at least 3 samples. Serology for long-term infections.	Metronidazole and iodoquinol.
<i>Giardia lamblia</i>	1-4 weeks	Acute or chronic diarrhea, flatulence, bloating.	Weeks	Drinking water, other food sources.	Examination of stool for ova and parasites – at least 3 samples.	Metronidazole.
<i>Toxoplasma gondii</i>	6-10 days	Generally asymptomatic, 20% may develop cervical lymphadenopathy and/or a flu-like illness. <u>In immunocompromised patients:</u> central nervous system (CNS) disease, myocarditis, or pneumonitis is often seen.	Months	Accidental ingestion of contaminated substances (eg, putting hands in mouth after gardening or cleaning cat litter box); raw or partly cooked pork, lamb, or venison.	Isolation of parasites from blood or other body fluids; observation of parasites in patient specimens, such as bronchoalveolar lavage material or lymph node biopsy. Detection of organisms is rare, but serology can be a useful adjunct in diagnosing toxoplasmosis. <i>Toxoplasma</i> -specific IgM antibodies should be confirmed by a reference laboratory. However, IgM antibodies may persist for 6-18 months and thus may not necessarily indicate recent infection. For congenital infection: isolation of <i>T. gondii</i> from placenta, umbilical cord, or infant blood. PCR of white blood cells, CSF, or amniotic fluid (reference laboratory). IgM and IgA serology (reference laboratory).	Asymptomatic healthy, but infected, persons do not require treatment. Spiramycin or pyrimethamine plus sulfadiazine may be used for immunocompromised persons or pregnant women, in specific cases.
<i>Toxoplasma gondii</i> (congenital infection)	In infants at birth	Treatment of the mother may reduce severity and/or incidence of congenital infection. Most infected infants have few symptoms at birth. Later, they will generally develop signs of congenital toxoplasmosis (mental retardation, severely impaired eyesight, cerebral palsy, seizures) unless the infection is treated.		Passed from mother (who acquired acute infection during pregnancy) to child.		
<i>Trichinella spiralis</i>	1-2 days to 2-8 weeks	Nausea, vomiting, diarrhea, abdominal discomfort followed by fever, myalgias, periorbital edema.	Months	Raw or undercooked contaminated meat, usually pork or wild game meat, eg, bear or moose.	Positive serology or demonstration of larvae via muscle biopsy. Increase in eosinophils.	Supportive care + mebendazole.

Please call the state health department for more information on specific foodborne illnesses. These telephone numbers are available at: <http://www2.cdc.gov/mmwr/international/relres.html>.

See the reverse side for information hotlines and list of notifiable diseases.